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Date	Section	Page(s)	Change
05-11-23	Admin. and Billing manual	7 10, 11	<ul style="list-style-type: none"> Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.” Added section related to clinical trials.
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes
02-01-23	3	5, 20	The use of the Medical Necessity Statement (MNS) is no longer required. Medical necessity will be confirmed in diagnostic assessments and other medical service notes.
02-01-23	1	1	The term “evidence-based practices” has been added to the Program Overview section along with an explanation of the term. The use of evidence-based practices is encouraged by SCDHHS. This change will make this language consistent with the agency’s other behavioral health provider manuals.
02-01-23	3	8	The referral criteria has been updated by adding state agencies, local education agencies, and eligible Medicaid members as referral sources.
02-01-23	3	5	Certified Nurse Midwife is no longer included as an eligible behavioral health service provider. This change is specific to the procedures outlined in the FQHC behavioral health provider manual and does not affect other services provided through an FQHC.
02-01-23	3	3	Licensed Professional Counselor Associates, Licensed Marriage and Family Therapist Associates,

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			and Post Doctorate Psychologists are now recognized as Allied Professionals.
02-01-23	3	6, 9-10	Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) qualifications have been updated to align with their scope of practice and has been moved to the Non-Physician Practitioners classification.
01-01-23	Appendix 2		Updated Carrier Codes
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
05-01-22	Appendix 2		Updated Carrier Codes
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.”
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.
11-01-21	Appendix 2		Updated Carrier Codes
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
09-01-21	Forms		The Electronic Funds Transfer (EFT) was removed.
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.
07-01-21	Manual Homepage		Updated Managed Care Supplement

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07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-01	Appendix 2		Updated Carrier Codes
03-30-21			Removed the following language: “Transferring Regional Associates.”
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding “Claims for Medicaid Reimbursement.”
9-18-20			Updated the TPL supplement document
9-18-20		25	Provider Administrative & Billing Manual. Updated the “Disclosure of Information by Provider”
07-15-20	Appendix 1		Added new edits 291 and 791.
06-30-20	Appendix 2		Updated Carrier Codes
05-01-20	Appendix 2		Updated Carrier Codes
05-01-20			A link was added to the homepage of each individual manual to access “Co-Payments.”
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
12-16-19	6		Clarified that there must be clinical justification if no signature by beneficiary on the IPOC.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide’s homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901

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08-14-19			For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.”
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms		Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	8 9 10-11 11	Updated the following sections: <ul style="list-style-type: none"> • Maintenance of Staff Credentials • Training Requirements for Treatment Staff • Eligibility for Services • Mental Health Visits/ Encounters

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Date	Section	Page(s)	Change
		11 11 11 12 12-13 13-14 14 14-15 15 15-16 21 22-24 25 26 26-27	<ul style="list-style-type: none"> • Additional Visits/Prior Authorization • Utilization Management • Coordination of Care • Clinical Records • Release of Information and Consent for Treatment • Clinical Service Notes • Error Correction • Late Entries • Transition/ Discharge • Record Retention • IPOC Reformation • Diagnostic Assessment Services • Psychological Testing with Interpretation and Report • Psychotherapy for Crisis • Progress Summary
07-01-18	3	38 38	<ul style="list-style-type: none"> • Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> • Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
12-01-17	Forms	-	Updated Claim Reconsideration Form
10-01-17	Appendix 1	3	Added new edit code 063

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Date	Section	Page(s)	Change
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
06-01-17	Forms	-	<ul style="list-style-type: none"> • Updated Claim Reconsideration Form • Updated LISW Allied Professional Registration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	<ul style="list-style-type: none"> • Updated Allied Professional Registration Form • Updated LISW Allied Professional Registration Form
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	2	23 24	Updated the following sections: <ul style="list-style-type: none"> • Individual Psychotherapy • Family Psychotherapy
01-01-17	4	1	Updated Encounter Codes table
12-01-16	2	16	Updated Mental Health Visits/Encounters section
12-01-16	3	8 8 10 19	<ul style="list-style-type: none"> • Updated Diagnostic Codes • Updated Modifier section • Updated Place of Service Key • Updated CMS-1500 Instructions, field 24D
12-01-16	4	1	Added Modifier Key
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
10-01-16	1	5 6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> Updated hyperlinks throughout section Updated Administration section Updated Procurement of Forms section
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> South Carolina Medicaid Program <ul style="list-style-type: none"> Program Description SC Healthy Connections Medicaid Card(s) Records/Documentation Requirements <ul style="list-style-type: none"> General Information Signature Policy Medicaid Program Integrity

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> o Program Integrity • Appeals
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> • Revised edit code 507, 821, 837, 838, 839
10-01-15	1	7 10	<ul style="list-style-type: none"> • Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15	Appendix 1	1 1 All 4, 20, 23, 27, 43	<ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	2	8	Adding ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System
09-01-15	3	4 8-9 17-18 26	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> o Claims Filed via the Web Tool: Use of Emergency Indicator o Diagnosis Codes o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool

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Date	Section	Page(s)	Change
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
03-13-15	3	16-17 27	<ul style="list-style-type: none"> Updated CMS-1500 Claim Form Completion Instructions Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-4 31-32	<ul style="list-style-type: none"> Updated Copayment policy Added Claim Reconsideration policy
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> Updated edit code 079, 637, 719, 820, 821, 908, 909 Added new edit code 790
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup

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Date	Section	Page(s)	Change
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> Deleted edit codes 845 and 969 Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	1 5	<ul style="list-style-type: none"> Replaced reference to county office listing with the Where To Go for Help web address Removed DHHS county office listing
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated the following sections: <ul style="list-style-type: none"> Program Integrity Recovery Audit Contractor Beneficiary Oversight Fraud Referrals to the Medicaid Fraud Control Unit Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	1-41 12- 23 24 26-27	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version Updated Trading Partner Agreement

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms Removed note on CMS-1500 (02/12) version claim form Removed CMS-1500 (08/05) version claim form(s) Removed Sample Edit Correction Form Updated Sample Remittance Advice
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> Added edit code 527 Entire section: <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version
04-01-14	TPL Supplement	5 6-8 9-10 10-11 13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> Timely Filing Requirements Reasonable Effort Nursing Facility Claims Professional, Institutional, and Dental Claims Rejected Claims Recovery Sample Forms – Reasonable Effort Sample Forms – ECF (deleted)
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	1 2 2-3	Updated the following sections: <ul style="list-style-type: none"> Provider Qualifications Supervision

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Date	Section	Page(s)	Change
		8-11 12 14 15 16 16-17	<ul style="list-style-type: none"> Physician or APRN Supervision of Allied Professionals Medical Necessity Individual Plan of Care (IPOC) IPOC Additions and/or Changes Progress Summary Mental Health Visits/Encounters Additional Visits/Prior Authorizations
02-01-14	3	2 44-64	<ul style="list-style-type: none"> Corrected Medicare timely filing requirement Correct header
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> Managed Care Organizational Changes dated November 15, 2013 Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 <p>Updated the following sections:</p> <ul style="list-style-type: none"> Eligibility Determination South Carolina Health Connections Medicaid card South Carolina Web-based Claims Submissions Tool Retroactive Eligibility Program Integrity Recovery Audit Contractor Beneficiary Explanation of Medical Benefits Program
01-01-14	3	-	<p>Updated entire section to reflect the following bulletins:</p> <ul style="list-style-type: none"> Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 Managed Care Organizational Changes dated November 15, 2013
01-01-14	5	1 3-4	<p>Updated the following sections</p> <ul style="list-style-type: none"> Correspondence and Inquiries Procurement of Forms

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Date	Section	Page(s)	Change
01-01-14	Forms		<ul style="list-style-type: none"> Added CMS-1500 (02/12) version claim form Added note to CMS-1500 (05/85) version claim form Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms Replaced logo on Allied Professional Registration and LISW Allied Professional Registration forms
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	5	12	Updated Orangeburg mailing address zip codes
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	<ul style="list-style-type: none"> Updated Orangeburg office and mailing address Updated York County office address
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> Updated CARCs/RARCs throughout section Added edit codes 110 and 725 Deleted edit code 961 Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> Added WellCare MCO Medicaid card and contact information

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Date	Section	Page(s)	Change
09-01-13	5	8 10 13	<ul style="list-style-type: none"> Updated Darlington County zip code Updated Laurens County phone number Updated York County office address
08-01-13	5	13	<ul style="list-style-type: none"> Updated York County physical address
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> Updated resolution for edit code 007 Updated RARC and resolution for edit codes 820 and 821 Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8 11	<ul style="list-style-type: none"> Updated Colleton County office telephone number Deleted Newberry County PO Box address
06-01-13	5	12	<ul style="list-style-type: none"> Updated Richland county office telephone number
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> Updated resolutions for edit codes 107, 219, 339 673, 720 Deleted edit code 577
05-01-13	Forms	-	Updated Mental Health Form
04-01-13	1	6	Corrected the URL for MedicaidLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 Updated CARCs for edit codes 460, 544, 569 Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 Added edit codes 820, 821 Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	8, 11	Changed mental retardation to intellectual disabilities
03-01-13	3	4 11	<ul style="list-style-type: none"> Changed reference to ICF/MR to ICF/IID

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Changed referenced to Mentally Retarded to Intellectual disabilities or related disabilities
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-16-13	2	23 24	<ul style="list-style-type: none"> Replaced procedure codes for Individual Psychotherapy and Individual Psychotherapy with Medication Management services Deleted Pharmacological Management language
01-16-13	4	1	Replaced procedure codes for Individual Psychotherapy and Individual Psychotherapy with Medication Management services
01-01-13	2	14	Changed the review period for the progress summary to 90 calendar days
01-01-13	5	7 9	<ul style="list-style-type: none"> Added Chester county Zip+4 code Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> Updated web addresses for provider information and provider training Revised heading and language to reflect new provider enrollment requirements Updated Program Integrity language (entire section) Revised heading and language for Medicaid Anti-Fraud Provisions/Payment

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Date	Section	Page(s)	Change
			Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	12 16 24, 39, 42 29-30	<ul style="list-style-type: none"> Updated National Provider Identifier and Medicaid Provider Number Updated fields 17, 17b to add requirement for referring or ordering provider NPI Updated provider information web addresses Updated Electronic Funds Transfer (EFT)
12-01-12	5	4 11	<ul style="list-style-type: none"> Updated web address for provider information Updated McCormick county office telephone number
12-01-12	Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
09-01-12	Forms	-	Updated attestation statements
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

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Date	Section	Page(s)	Change
08-01-12	3	1, 28, 34, 38, 12, 23, 29	<ul style="list-style-type: none"> Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Updated hyperlinks
08-01-12	5	1 5 7	<ul style="list-style-type: none"> Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Removed fax request information for SCDHHS forms Added SCDHHS forms online order information Updated telephone number for Greenville county office
08-01-12	Forms	-	<ul style="list-style-type: none"> Deleted forms 140 and 142 Updated Duplicate Remittance Advice Request Form, Allied Professional Registration Form, LMSW Registration Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66-67, 70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 Added edit codes 349, 590, 978, 990, 991-995 Deleted edit codes 166, 205, 573, 574, 593, 596 Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> Changed Division of Care Management to Bureau of Managed Care Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Removed language limiting enrollment to 2500 members Update contact information for Palmetto Physician Connections Added to "Medicaid" to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10, 17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> Deleted edit codes 386 and 868 Added edit codes 837, 838, 839

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Date	Section	Page(s)	Change
07-01-12	Appendix 2	-	Updated carrier codes
06-01-12	2	16	Updated QIO contact information
06-01-12	Forms	-	Updated the Mental Health Form